

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
Invalid Usage of Diagnosis Codes

**V0041 V CODES INVALID AS OTHER DIAGNOSES**

Guideline: Certain V codes are used as principal diagnoses when the goal of the hospital admission or other health care encounter is to obtain a specific limited service.

Donor V codes are for use on living individuals who are donating blood or other body tissue. These codes are not used to identify cadaveric donations.

----- Diagnosis Table Only -----	
<u>ICD-9-CM Codes</u>	<u>ICD-9-CM Interpretations</u>
V20	Health supervision of infant or child
<del>V58</del>	<del>Encounter for other and unspecified procedures and aftercare</del>
	<del>V58.0 Radiotherapy (see exception above)</del>
	<del>discontinued 1/1/98</del>
	<del>V58.1 Chemotherapy (see exception above)</del>
	<del>discontinued 1/1/98</del>
	<del>V58.3 Attention to surgical dressings and sutures</del>
	<del>discontinued 10/1/02</del>
	<del>V58.5 Orthodontics</del>
	<del>discontinued 10/1/02</del>
V59	Donors
V66	Convalescence and palliative care <i>Except: V66.7 Palliative care</i>
V68	Encounter for administrative purposes

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References: ICD-9-CM Codebook, V Code Chapter, Notes at the beginning of the chapter.

Coding Clinic for ICD-9-CM, AHA, 4<sup>TH</sup> Quarter, 1996, pages 49-62; 4<sup>th</sup> Quarter, 1997, pages 47-51; 4<sup>th</sup> Quarter, 1998, pages 61-72; 4<sup>th</sup> Quarter 2001, pages 56-59; 4<sup>th</sup> Quarter 2002, pages 86-89; 4<sup>th</sup> Quarter 2003, pages 88-91.

DRG Definition Manual, Medicare code edits #10 of unacceptable principal diagnoses, 1990, pages 1042-1047.

ICD-9-CM Coding Handbook With Answers, AHA, 1989, Faye Brown, RRA, pages 63-73, 185-187; 1991, pages 67-77, 213-215; 1996, pages 71-77.

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

Invalid Usage of Diagnosis Codes

**V0041**

**V CODES INVALID AS OTHER DIAGNOSES - CONTINUED**

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<u>References:</u>	V58	Coding Clinic for ICD-9-CM, AHA, Sep/Oct 1984, pages 5-8; May/June 1985, pages 12-13.
	V58.0	Coding Clinic for ICD-9-CM, AHA, Jan/Feb 1987, page 13; 2nd Quarter 1990, pages 7-11; <i>4th Quarter 1993, page 36 (PRO)</i> ; 2nd Quarter 1994, page 10.
	V58.0	JAMRA, August 1990, pages 29-31.
	V58.1	Coding Clinic for ICD-9-CM, AHA, Sep/Oct 1987, page 8; 2nd Quarter 1990, pages 7-11; 3rd Quarter 1993, pages 3-4; <i>4th Quarter 1993, page 36 (PRO)</i> ; 3rd Quarter 1994, page 13.
	V58.1	JAMRA, August 1990, pages 29-31.
	V58.3	Coding Clinic for ICD-9-CM, AHA, 1st Quarter 1990, page 7.
	V59	Coding Clinic for ICD-9-CM, AHA, Nov/Dec 1984, page 8.
	V59.0	Coding Clinic for ICD-9-CM, AHA, 1st Quarter 1990, pages 9-10.
	V59.3	Coding Clinic for ICD-9-CM, AHA, Jan/Feb 1985, page 15.

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
Invalid Usage of Diagnosis Codes

**V0042 NEWBORN V CODES INVALID AS OTHER DIAGNOSES**

Guideline: Categories V30-V39 can be used for principal diagnoses only -- never as a secondary code. Codes from this series are not assigned by the receiving facility when an infant born in another hospital is transferred during the perinatal period. In this instance, a code from V30-V39 series would have been assigned at the original facility and the condition necessitating the transfer would be coded as the principal diagnosis for the second admission. **A simple rule of thumb is that a code from categories V30-V39 should be assigned to a newborn only once.**

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Diagnosis Table Only  
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<u>Category</u>	<u>ICD-9-CM Codes</u>	<u>ICD-9-CM Interpretations</u>
Service	V30	Single liveborn infant consuming health care
	V31	Twin infant, mate liveborn, consuming health care
	V32	Twin infant, mate stillborn, consuming health care
	V33	Twin infant, unspecified mate, consuming health care
	V34	Other multiple infant, mates all liveborn, consuming health care
	V35	Other multiple infant, mates all stillborn, consuming health care
	V36	Other multiple infant, mates live- and stillborn, consuming health care
	V37	Other multiple infant, unspecified mate, consuming health care
	V39	Unspecified liveborn consuming health care

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References: ICD-9-CM Codebook, V Code Chapter.

Coding Clinic for ICD-9-CM, AHA, 4<sup>th</sup> Quarter, 1996, pages 49-62; 4<sup>th</sup> Quarter, 1997, pages 48-51, 4<sup>th</sup> Quarter, 1998, pages 61-72; 4<sup>th</sup> Quarter, 2001, pages 56-59.

ICD-9-CM Coding Handbook With Answers, AHA, 1989, Faye Brown, RRA, page 207; 1991, page 239.

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
Invalid Usage of Diagnosis Codes

**~~V0043~~ MANAGEMENT SERVICE V CODES INVALID AS OTHER DIAGNOSES**  
- effective change as of 10/1/96

Guideline: Certain services that represent an encounter for a service are not used as secondary codes. The V codes are divided into service and problem categories. The service "V" codes are used as principal diagnoses when the goal of the hospital admission or other health care encounter is to obtain a specific service.

Categories V51-V58 are used to indicate that the purpose for administering care is to consolidate treatment, to deal with a residual state, or to prevent recurrence in a patient previously treated for a disease that is not currently present. It is important to distinguish the situation from care for complications or problems that may develop and that require a code from the main classification. The codes for aftercare or management are ordinarily used for planned care, such as fitting and adjustment of a prosthetic device, attention to an artificial opening, removal of a fixation device, and adjunct therapy following more definitive treatment for a malignant neoplasm. Codes V57.x are not included in this edit at this time.

*Exception: If there is a combination of admissions for chemotherapy (V58.1) and radiotherapy (V58.0) on the same record, then both codes are acceptable. This is effective with discharges 07-27-93.*

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Diagnosis Table Only  
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<u>Category</u>	<u>ICD-9-CM Codes</u>	<u>ICD-9-CM Interpretations</u>
V51	Aftercare involving the use of plastic surgery	
V56	Encounter for dialysis	
	V56.0	Extracorporeal dialysis
	V56.8	Other dialysis
V58	Encounter for other and unspecified procedures and aftercare	
	V58.0	Radiotherapy ( <i>see exception above</i> )
	V58.1	Chemotherapy ( <i>see exception above</i> )
	V58.4	Other aftercare following surgery
	V58.8	Other specified aftercare

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
Invalid Usage of Diagnosis Codes

~~V0043~~ ~~MANAGEMENT SERVICE V CODES INVALID AS OTHER DIAGNOSES~~  
CONTINUED - effective change as of 10/1/96

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Diagnosis Table Only  
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<u>Category</u>	<u>ICD-9-CM Codes</u>	<u>ICD-9-CM Interpretations</u>
Service	V59	Donors
	V59.1	Skin
	V59.2	Bone
	V59.3	Bone marrow
	V59.4	Kidney
	V59.5	Cornea
	V59.8	Other specified organ or tissue
	V59.9	Unspecified organ or tissue

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References: ICD-9-CM Codebook, V Code Chapter.

DRG Definition Manual, Medicare code edits #10 of unacceptable principal diagnoses, 1990, pages 1042-1047.

ICD-9-CM Coding Handbook With Answers, AHA, 1989, Faye Brown, RRA, pages 63-73; 1991 pages 67-77.

Coding Clinic for ICD-9-CM, AHA, Jan/Feb 1987, page 7.

V51-V58	CMRA Newsletter, May 1986, page 6.
V52	Coding Clinic for ICD-9-CM, AHA, 1st Quarter 1990, page 7.
V52.8	CMRA Newsletter, July 1987, page 7.
V53	Coding Clinic for ICD-9-CM, AHA, 1st Quarter 1990, page 7.
V53.3	Coding Clinic for ICD-9-CM, AHA, Nov/Dec 1984, page 18; May/Jun 1987, page 8.
V53.3	JAMRA, April 1980; August 1990, pages 29-31.
V54.8	Coding Clinic for ICD-9-CM, AHA, 1st Quarter 1990, pages 10 and 20; 3rd Quarter 1995, pages 3-4.
V55	Coding Clinic for ICD-9-CM, AHA, 3rd Quarter 1995, page 13.
V56.0	Coding Clinic for ICD-9-CM, AHA, Sep/Oct 1984, page 3; 1st Quarter 1993, page 29.
V56.0	JAMRA, August 1990, pages 29-31.
V57	Coding Clinic for ICD-9-CM, AHA, Nov/Dec 1984, page 5; 1st Quarter 1990, page 6.
V57.89	JAMRA, April 1983, pages 45-46.

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
Invalid Usage of Diagnosis Codes

~~V0043~~ ~~MANAGEMENT SERVICE V CODES INVALID AS OTHER DIAGNOSES~~  
CONTINUED - effective change as of 10/1/96

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<u>References:</u>	V58	Coding Clinic for ICD-9-CM, AHA, Sep/Oct 1984, pages 5-8; May/June 1985, pages 12-13.
	V58.0	Coding Clinic for ICD-9-CM, AHA, Jan/Feb 1987, page 13; 2nd Quarter 1990, pages 7-11; 4th Quarter 1993, page 36 (PRO); 2nd Quarter 1994, page 10.
	V58.0	JAMRA, August 1990, pages 29-31.
	V58.1	Coding Clinic for ICD-9-CM, AHA, Sep/Oct 1987, page 8; 2nd Quarter 1990, pages 7-11; 3rd Quarter 1993, pages 3-4; 4th Quarter 1993, page 36 (PRO); 3rd Quarter 1994, page 13.
	V58.1	JAMRA, August 1990, pages 29-31.
	V58.3	Coding Clinic for ICD-9-CM, AHA, 1st Quarter 1990, page 7.
	V58.4	Coding Clinic for ICD-9-CM, AHA, Nov/Dec 1987, page 9.
	V58.4	CMRA Newsletter, Jan 1986, pages 6-7.
	V58.8	CMRA Newsletter, Jan 1986, pages 6-7; July 1987, page 13.
	V58.8	Coding Clinic for ICD-9-CM, AHA, Jan/Feb 1987, page 7; 2nd Quarter 1994, page 8.
	V59	Coding Clinic for ICD-9-CM, AHA, Nov/Dec 1984, page 8.
	V59.0	Coding Clinic for ICD-9-CM, AHA, 1st Quarter 1990, pages 9-10.
	V59.3	Coding Clinic for ICD-9-CM, AHA, Jan/Feb 1985, page 15.

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
Invalid Usage of Diagnosis Codes

**V0044 FOLLOW-UP V CODES INVALID AS OTHER DIAGNOSES**

Guideline: V codes for pregnancy are for use when none of the problems or complications listed in obstetrics chapter exist (i.e. a routine prenatal visit or a postpartum care). V22.0, Supervision of normal first pregnancy, and V22.1, Supervision of other normal pregnancy, are always listed first and are not to be used with any other code from the Obstetrics chapter; clue: The code V22.2, Pregnant state, incidental, is a secondary code only for use when the pregnancy is in no way complicating the reason for the visit.

Code V24.0, postpartum care, is assigned as the principal diagnosis when a mother delivers outside the hospital prior to admission and is admitted for routine postpartum care and no complications are noted.

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Diagnosis Table Only  
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<u>ICD-9-CM Codes</u>	<u>ICD-9-CM Interpretations</u>
V22.0	Supervision of normal first pregnancy
V22.1	Supervision of other normal pregnancy
V24	Postpartum care and examination
<del>V67</del>	<del>Follow-up examination</del> discontinued 10/1/98

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References: ICD-9-CM Codebook, V Code Chapter.

Coding Clinic for ICD-9-CM, AHA, 4<sup>th</sup> Quarter, 1996, pages 49-62; 4<sup>th</sup> Quarter, 1997, pages 47-51; 4<sup>th</sup> Quarter 1998, pages 61-72.

DRG Definition Manual, Medicare code edits #10 of unacceptable principal diagnoses, 1990, pages 1042-1047.

ICD-9-CM Coding Handbook With Answers, AHA, 1989, Faye Brown, RRA, pages 63-73; 1991, pages 67-77.

V67	Coding Clinic for ICD-9-CM, AHA, May/Jun 1985, page 10; Jul/Aug 1985, page 16; 4 <sup>th</sup> Quarter 1998, pages 69-70.
V67	JAMRA, June 1984; August 1990, pages 29-31.
V67.0	Coding Clinic for ICD-9-CM, AHA, May/Jun 1984, page 10.
V67.4	Coding Clinic for ICD-9-CM, AHA, 1st Quarter 1990, page 7.
V67.5	Coding Clinic for ICD-9-CM, AHA, 1st Quarter 1990, page 18.
V67.5	JAMRA, October 1989, pages 19-20.

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
Invalid Usage of Diagnosis Codes

**V0045      OBSERVATION AND EVALUATION V CODES INVALID AS OTHER  
DIAGNOSES**

Guideline:      A code from category V71 is assigned only as a principal diagnosis or reason for encounter, never as a secondary diagnosis. Codes from category V71 are assigned when inconclusive symptoms, signs, or other evidence of disturbed physiology warrant clinical observation and evaluation but the results of the observation and evaluation, do not substantiate the suspected condition.

Note that a code from category V71 is not assigned when a patient is admitted to the hospital immediately following the same-day (outpatient) surgery, even though the medical record may suggest that the admission is for observation. In this case, the code for the condition or problem or surgical aftercare that occasioned the postoperative admission is assigned as the principal diagnosis. Additional codes are assigned for the procedures performed and the condition that brought the patient to the outpatient surgery department.

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Diagnosis Table Only

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ICD-9-CM Codes	<u>ICD-9-CM Interpretations</u>
V71	Observation and evaluation for suspected conditions
V71.01	Observation for suspected adult antisocial behavior
V71.02	Observation for suspected childhood or adolescent antisocial behavior
V71.09	Other suspected mental condition
V71.1	Observation for suspected malignant neoplasm
V71.2	Observation for suspected tuberculosis
V71.3	Observation following accident at work
V71.4	Observation following other accident
V71.5	Observation following alleged rape or seduction
V71.6	Observation following other inflicted injury
V71.7	Observation for suspected cardiovascular disease
V71.8x	Observation for other specified suspected conditions
V71.9	Observation for unspecified suspected condition

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References:      ICD-9-CM Codebook, V Code Chapter.

Coding Clinic for ICD-9-CM, AHA, 4<sup>th</sup> Quarter, 1996, pages 49-62; 4<sup>th</sup> Quarter, 1997, pages 46-57; 4<sup>th</sup> Quarter, 1998, pages 61-72.

DRG Definition Manual, Medicare code edits #10 of unacceptable principal diagnoses, 1990, pages 1042-1047.

ICD-9-CM Coding Handbook With Answers, AHA, 1989, Faye Brown, RRA, pages 63-73; 1991, pages 67-77; 1996, pages 74-75.



OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
Invalid Usage of Diagnosis Codes

**V0045      OBSERVATION AND EVALUATION V CODES INVALID AS OTHER  
DIAGNOSES - CONTINUED**

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References:

V71	Coding Clinic for ICD-9-CM, AHA, 2nd Quarter 1990, pages 5-6.
V71	JAMRA, October 1989, pages 19-20.
V71	CMRA Newsletter, Jan 1986, pages 6-7; Feb 1987, page 13.
V71	Journal of CHIA, June 1993, pages 3-4.
V71	Coding Clinic for ICD-9-CM, AHA, Nov/Dec 1985, pages 10, 13; Mar/Apr 1986, page 8; Mar/Apr 1987, pages 1-5; Sep/Oct 1987, page 10; 1st Quarter 1990, page 19; 4th Quarter 1994, page 47.
V71.1	Coding Clinic for ICD-9-CM, AHA, 1st Quarter 1990, page 21.
V71.7	Coding Clinic for ICD-9-CM, AHA, 3rd Quarter 1990, page 10.
V71.8	JAMRA, April 1980.

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
Invalid Usage of Diagnosis Codes

**~~V0046~~      ~~OUTPATIENT SERVICE V CODES INVALID AS INPATIENT OTHER~~  
~~DIAGNOSES~~ - effective change as of 10/1/96**

Guideline: Certain services that represent an encounter for a service are not used as secondary codes. Most of these are found with the ICD-9-CM "V" codes. The V codes are divided into service and problem categories. The service "V" codes are used as principal diagnoses when the goal of the hospital admission or other health care encounter is to obtain a specific service.

Some service "V" codes are correctly used as principal diagnosis, but only in an outpatient setting. It is illogical to assign these codes as inpatient other diagnoses.

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Diagnosis Table Only  
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<u>Category</u>	<u>ICD-9-CM Codes</u>	<u>ICD-9-CM Interpretations</u>
Service	V20	Health supervision of infant or child
	V20.1	Other healthy infant or child receiving care
	V20.2	Routine infant or child health check
Service	V24	Postpartum care and examination
	V24.1	Supervision of lactating mother
	V24.2	Routine postpartum follow-up
Service	V25	Contraceptive management
	<i>Excludes:</i>	<i>V25.2 Encounter for sterilization</i>
	<i>Excludes:</i>	<i>V25.3 Encounter for menstrual extraction</i>
Service	V26	Procreative management
	<i>Excludes:</i>	<i>V26.0 Tuboplasty or vasoplasty after previous sterilization</i>
Service	V28	Antenatal screening
Service	V50	Elective surgery for purposes other than remedying health status
	V50.3	Ear piercing
	V50.8	Other elective surgery for purposes other than remedying health states
	V50.9	Unspecified elective surgery for purposes other than remedying health states
Service	V52	Fitting and adjustment of prosthetic device
	<i>Excludes:</i>	<i>V52.9 Fitting and adjustment of unspecified prosthetic device</i>
Service	V53	Fitting and adjustment of other device
Service	V58	Encounter for other and unspecified procedures and aftercare
	V58.2	Blood transfusion, without reported diagnosis
	V58.3	Attention to surgical dressings and sutures
	V58.5	Orthodontics
	V58.9	Unspecified aftercare

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
Invalid Usage of Diagnosis Codes

~~V0046~~ ~~OUTPATIENT SERVICE V CODES INVALID AS INPATIENT OTHER~~  
~~DIAGNOSES~~ *effective change as of 10/1/96*

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Diagnosis Table Only  
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<u>Category</u>	<u>ICD-9-CM Codes</u>	<u>ICD-9-CM Interpretations</u>
Service	V59 Donors	
	V59.0 Blood	
Service	V68	Encounter for administrative purposes
Service	V70	General medical examination

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References: ICD-9-CM Codebook, V Code Chapter.

DRG Definition Manual, Medicare code edits #10 of unacceptable principal diagnoses, 1990, pages 1042-1047.

ICD-9-CM Coding Handbook With Answers, AHA, Faye Brown, RRA, 1989 pages 63-73; 1991, pages 67-77; 1994 pages 72-73.

V20.1	Coding Clinic for ICD-9-CM, AHA, 3rd Quarter 1989, page 14.
V26.2	Coding Clinic for ICD-9-CM, AHA, Nov/Dec 1985, page 15.
V25.43	Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1992, page 24.
V51-V58	CMRA Newsletter, May 1986, page 6.
V52	Coding Clinic for ICD-9-CM, AHA, 1st Quarter 1990, page 7.
V52.8	CMRA Newsletter, July 1987, page 7.
V53	Coding Clinic for ICD-9-CM, AHA, 1st Quarter 1990, page 7.
V53.3	Coding Clinic for ICD-9-CM, AHA, Nov/Dec 1984, page 18; May/Jun 1987, page 8.
V53.3	JAMRA, April 1980; August 1990, pages 29-31.
V54.8	Coding Clinic for ICD-9-CM, AHA, 1st Quarter 1990, pages 10 and 20; 3rd Quarter 1995, pages 3-4.
V58	Coding Clinic for ICD-9-CM, AHA, Sep/Oct 1984, pages 5-8; May/June 1985, pages 12-13.
V58.3	Coding Clinic for ICD-9-CM, AHA, 1st Quarter 1990, page 7.
V59	Coding Clinic for ICD-9-CM, AHA, Nov/Dec 1984, page 8.
V59.0	Coding Clinic for ICD-9-CM, AHA, 1st Quarter 1990, pages 9-10.
V70	Coding Clinic for ICD-9-CM, AHA, Nov/Dec 1985, page 13.
V70.3	Coding Clinic for ICD-9-CM, AHA, 1st Quarter 1990, page 6.

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OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
Invalid Usage of Diagnosis Codes

**V0047 EXAMINATION V CODES INVALID AS OTHER DIAGNOSES**

Guideline: Categories V70 or V72 are assigned as the principal diagnoses when a patient is seen only for tests or other routine examinations when no problem, diagnosis, or condition is identified as the reason for the examination.

Codes from categories V70 or V72 should never be assigned as additional codes when a diagnosis from the main classification is the principal diagnosis.

Preoperative examination V codes are used for patients being cleared for surgery and no treatment is given.

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Diagnosis Table Only  
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<u>ICD-9-CM Codes</u>	<u>ICD-9-CM Interpretations</u>
V70	General medical examination <i>Excludes:</i> V70.7
	Examination of participant in clinical trial
V72	Special investigations and examinations
V72.0	Examination of eyes and vision
V72.1	Examination of ears and hearing
V72.2	Dental examination
V72.3	Gynecological examination
V72.4	Pregnancy examination or test, pregnancy unconfirmed
<del>V72.5</del>	<del>Radiological examination, not elsewhere classified</del>
<del>V72.6</del>	<del>Laboratory examination</del>
V72.7	Diagnostic skin and sensitization tests
V72.8	Other specified examinations
V72.81	Pre-operative cardiovascular examination
V72.82	Pre-operative respiratory examination
V72.83	Other specified pre-operative examination
V72.84	Pre-operative examination, unspecified
V72.85	Other specified examination
V72.9	Unspecified examinations

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References: ICD-9-CM Codebook, V Code Chapter.

Coding Clinic for ICD-9-CM, AHA, 4<sup>th</sup> Quarter, 1996, pages 49-62; 4<sup>th</sup> Quarter, 1997, pages 46-51; 4<sup>th</sup> Quarter, 1998, pages 61-72; 4<sup>th</sup> Quarter, 2001, pages 56-59.

DRG Definition Manual, Medicare code edits #10 of unacceptable principal diagnoses, 1990, pages 1042-1047.

ICD-9-CM Coding Handbook With Answers, AHA, 1989, Faye Brown, RRA, pages 63-73; 1991, pages 67-77.

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
Invalid Usage of Diagnosis Codes

**V0047            EXAMINATION V CODES INVALID AS OTHER DIAGNOSES - CONTINUED**

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<u>References:</u>	V70	Coding Clinic for ICD-9-CM, AHA, Nov/Dec 1985, page 13.
	V70.3	Coding Clinic for ICD-9-CM, AHA, 1st Quarter 1990, page 6.
	V72	Coding Clinic for ICD-9-CM, AHA, Nov/Dec 1985, page 13.
	V72.5	Coding Clinic for ICD-9-CM, AHA, 1st Quarter 1990, pages 19-21.
	V72.5	JAMRA, October 1989, pages 19-20.
	V72.6	Coding Clinic for ICD-9-CM, AHA, 1st Quarter 1990, page 22.
	V72.8	Coding Clinic for ICD-9-CM, AHA, 1st Quarter 1990, pages 5-6, 10.

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
Invalid Usage of Diagnosis Codes

~~V0048~~ ~~SCREENING EXAMINATIONS SERVICE V CODES INVALID AS OTHER~~  
~~DIAGNOSES~~ - effective change as of 10/1/96

Guideline: Certain services that represent an encounter for a service are not used as secondary codes. The V codes are divided into service and problem categories. The service "V" codes are used as principal diagnoses when the goal of the hospital admission or other health care encounter is to obtain a specific service.

Categories V73-V82 are provided for classifying screening examinations in defined population groups, such as community testing for glaucoma or tuberculosis. They are not appropriate for inpatient coding and are not assigned for encounters for individual tests. **These service "V" codes can correctly be used as principal diagnosis only in outpatient setting.** It is illogical to assign these codes as inpatient other diagnoses.

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Diagnosis Table Only  
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<u>Category</u>	<u>ICD-9-CM Codes</u>	<u>ICD-9-CM Interpretations</u>
Service	V73	Special screening examination for viral diseases
Service	V74	Special screening examination for bacterial and spirochetal diseases
Service	V75	Special screening examination for other infectious diseases
Service	V76	Special screening for malignant neoplasms
Service	V77	Special screening for endocrine, nutritional, metabolic, and immunity disorders
Service	V78	Special screening for disorders of blood and blood-forming organs
Service	V79	Special screening for mental disorders and developmental handicaps
Service	V80	Special screening for neurological, eye, and ear diseases
Service	V81	Special screening for cardiovascular, respiratory, and genitourinary diseases
Service	V82	Special screening for other conditions

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References: ICD-9-CM Codebook, V Code Chapter.

DRG Definition Manual, Medicare code edits #10 of unacceptable principal diagnoses, 1990, pages 1042-1047.

ICD-9-CM Coding Handbook With Answers, AHA, 1989, Faye Brown, RRA, pages 63-73; 1991, pages 67-77.

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
Invalid Usage of Diagnosis Codes

**V0049      NORMAL PREGNANCY WITH DELIVERY CODE "650" INVALID AS OTHER DIAGNOSIS**

Guideline:      Code 650 is always a principal diagnosis. Code 650 is assigned only when labor and delivery as well as antepartum and postpartum periods are entirely normal.

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Diagnosis Table Only  
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<u>ICD-9-CM</u>	<u>ICD-9-CM Interpretation</u>
650	Delivery in a completely normal case

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Reference:      ICD-9-CM Codebook, Tabular section, see note under code 650.

Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1995, Official OB Guideline 5.5, page 28.

AHA ICD-9-CM Coding Handbook, Faye Brown, RRA, 1989, page 181.

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
Invalid Usage of Diagnosis Codes

**V0050      INFECTION RESISTANT TO DRUGS**

Guideline:      This category is intended to identify infections that have become resistant to the drugs commonly used to treat them. Codes from this category are assigned only as additional codes and only when the physician specifically documents an infection that has become drug resistant. Therefore, a code from category V09 should never be used as principal diagnosis.

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Diagnosis Table Only  
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ICD-9-CM Codes

ICD-9-CM Interpretations

V09.xx

Infection with microorganisms resistant to drugs

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References:      Coding Clinic for ICD-9-CM, AHA, 4th Quarter 1993, pages 21-22; 3rd Quarter 1994, page 4, 4<sup>th</sup> Quarter, 1996, pages 49-62; 4<sup>th</sup> Quarter, 1997, pages 47-51; 4<sup>th</sup> quarter, 1998, pages 61-72.

ICD-9-CM Codebook, Tabular Section, Category V09, Coding Instructions under Notes.

ICD-9-CM Coding Handbook with Answers, AHA, Faye Brown, RRA, 1994, page 92.



OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
Invalid Usage of Diagnosis Codes

**V0051      OTHER DIAGNOSIS - UNSPECIFIED ADVERSE EFFECT**

Guideline:      Code 995.2, Unspecified adverse effect of drug, medicinal, and biological substance, should never be used in the inpatient setting. The medical record should have some documented sign or symptom of what the adverse reaction is. However, if there is no documented adverse reaction listed in the record, then assign code 796.0, Nonspecific abnormal toxicological findings. Code 995.2 is permissible in the outpatient setting.

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Diagnosis Table Only  
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<u>ICD-9-CM Code</u>	<u>ICD-9-CM Interpretation</u>
995.2	Unspecified adverse effect of drug, medicinal, and biological substance

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References:      Coding Clinic for ICD-9-CM, AHA, 3rd Quarter, 1995, page 13; 1st Quarter, 1997, page 16; 2<sup>nd</sup> Quarter, 1997, page 12.

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**STOP!!!**

**NEXT V-EDIT IS V0081**